PTO/SB/81 (05-03)
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Application Number First Named Inventor Thomas E. Nahill **POWER OF ATTORNEY OR** Title "Preform Assembly, Container Assembly **AUTHORIZATION OF AGENT** Art Unit and Method of Manufacture" **Examiner Name Attorney Docket Number** 18161 USA I hereby appoint: Place Customer Practitioners at Customer Number Number Bar Code Label here OR Practitioner(s) named below: Name Registration Number Principal Attorneys: 46,394 Nirav D. Parikh 24,389 H. G. Bruss 27,430 Associate Attorney: R. C. Collins as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Place Customer Practitioners at Customer Number. Number Bar Code Label here OR Firm or Individual Name Address Address City State Zip Country

X 2 *Total of forms are submitted. This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

SIGNATURE of Applicant or Assignee of Record

Fax

Telephone

Applicant/Inventor.

Thomas E. Nahill

forms if more than one signature is required, see below'

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

I am the: X

Name

Signature Date

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Application Number

		Filling Date						
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		First Named Invent r		Thomas E. Nahill				
		Title "Preform Assembly, Container Assembly						
		Art Unit and Method of Manufacture"						
		Exam	iner Name		<u> </u>	<u>, u. u.y.</u>		
		Attori	ey Docket Numb	ber	18161	USA		
		<u> </u>						
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Practitioners at Customer Number			-				Place Customer Number Bar Code Label here	
OR	L				1		Labernere	
X Practitioner(s) named below:					L			
Name		Registration Number						
Principal Attorneys:								
Nirav D. Parikh					394			
H. G. Bruss					389			
Associate Attorney:	R. C. Colli	ins		<u>27,</u>	430			
as my/our attorney(s) or agent(s) to prosecu Trademark Office connected therewith.	te the application id	lentified	above, and to trai	nsact all	business i	n the Un	ited States Patent and	
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Country								
Telephone			Fax					
I am the: X Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name Brian A. Lynch								
Signature Busia a. figual								
Date June 3, 20-3 Telephone								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of2forms are submitted.								

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Application Number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		First Named Inventor		Thomas E. Nahill				
		Title "Preform Ass			sembly, Container Assembly			
		Art Un		Method				
			ner Name					
Attorr			ey Docket N	lumber	18161	USA		
I hereby appoint:								
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Practitioners at Customer Number					→	:	Number Bar Code Label here	
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Practitioner(s) named below:					<u></u>			
Name			Registration Number					
Principal Attorneys:	<u> </u>							
Niray D. Parikh				46	,394			
H. G. Bruss					,389			
Associate Attorney: R	R. C. Colli	ns			,430			
as my/our attorney(s) or agent(s) to prosecute Trademark Office connected therewith.	the application id	entified	above, and t	o transact al	l business	in the Ur	ited States Patent and	
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Country			Fax	<u> </u>				
Telephone			Fax	·				
Ty.								
Application Applic								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name Keith J. Barker								
Signature Kush Bu								
Date 6-3-03				Tel	ephone			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of 2 forms are submitted.								

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18161 USA

PTO/SB/01 (10-01)

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DECLARATION FOR UTILITY OR

Attorney Docket Number

DESIG	First Named Inventor Thomas E. Nahill							
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN						
		Application Number						
Declaration Submitted OR	Declaration	Filing Date						
	Submitted after Initial	Art Unit						
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e))							
	required)	Examiner Name						
As the below named inventor, I hereby declare that:								
My residence, mailing address, and c	itizenship are as stated below	w next to my name.						
I believe I am the original and first inv	entor of the subject matter wi	hich is claimed and for whic	ch a patent is soug	ht on the invention entitled:				
l	·							
Preform Assembly, Con	tainer Assembly an	d Method of Manu	facture					
[]								
	(Title of the In	evention)						
the specification of which	(That of the III	vention						
▽								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
<u> </u>								
Application Number and was amended on (MM/DD/YYYY) (if applicable								
, tppilodien validor	(ii applicable)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by								
any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT								
international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United								
States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is								
claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
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		ļ						
Additional foreign application nur	mbers are listed on a suppler	mental priority data sheet P	TO/SB/02B attach	ed hereto:				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

I Direct all correspondence to: I ▼ I	lence to: Customer Number or Bar Code Label 2		OR Corr	Correspondence address below				
Attn.: Nirav D. Parikh								
Name								
Address								
City		State		ZIP				
		Jotate	· · · · · · · · · · · · · · · · · · ·					
Country	Telephone			Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) Nahill Family Name or Surname								
Inventor's The E Nohit Date 6-3-03								
Amherst	NH		USA	USA				
Residence: City	State		Country	Citizenship				
Mailing Address 4 Lynch Farm Road								
Amherst	NH		03031	USA C				
City State		ZIP		Country				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Brian A. (first and middle [if any]) Equation 1. Family Name or Surname								
Inventor's Brian On April Date 6-3-2003								
Merrimack	NH	l l	USA	USA				
Residence: City	State	Country		Citizenship				
Mailing Address 22 Woodward Lane								
Merrimack	NH		03054	USA				
City	State	Z	ZIP	Country				
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

PTO/SB/02A (10-00)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplem ntal Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:								
Keith J. Given Name			Barker Family Name or Surname					
Inventor's Kuth barren								
Candia Residence: City	NH State		JSA country		USA Citizenship			
14 Main Street Mailing Address								
Mailing Address		-						
_{City} Candia				USA Country				
Name of Additional Joint Inventor, if an	y:		A petition has been file	ed for thi	s unsigned inventor			
Given Name		Family Name or Surname						
Inventor's Signature					Date			
Residence: City	sidence: City State				Citizenship			
Mailing Address								
Mailing Address								
City	State ZIP Cour			Countr	у			
Name of Additional Joint Inventor, if an	ıy:		A petition has been filed	for this	unsigned inventor			
Given Name	Family Name or Surname							
Inventor's Signature			Date					
Residence: City	State		Country		Citizenship			
Mailing Address								
Mailing Address								
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